

AMENDED IN SENATE MARCH 25, 2014

SENATE BILL

No. 1352

Introduced by Senator Hancock

February 21, 2014

An act to amend Section ~~1501~~ 101850 of, and to amend the heading of Chapter 5 (commencing with Section 101850) of Part 4 of Division 101 of, the Health and Safety Code, relating to ~~community care facilities~~ the Alameda Health System.

LEGISLATIVE COUNSEL'S DIGEST

SB 1352, as amended, Hancock. ~~Community care facilities: legislative intent. Alameda Health System.~~

Existing law authorizes the board of supervisors of Alameda County to establish an independent hospital authority strictly and exclusively dedicated to the management, administration, and control of the group of public hospitals, clinics, and programs that comprise the Alameda County Medical Center.

This bill would instead authorize the board to establish an independent hospital authority for the Alameda Health System, which was formerly known as the Alameda County Medical Center. The bill would make conforming changes with regard to legislative findings and declarations and would include additional legislative findings and declarations relating to the Alameda Health System.

Existing law establishes the Community Care Facilities Act, which provides for the licensure and regulation of community care facilities, as defined, by the State Department of Social Services. The act declares that it is the intent of the state to develop policies and programs designed to provide adequate service to, and protect the rights of, persons who receive services from a community care facility.

~~This bill would make technical, nonsubstantive changes to this provision.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. The Legislature finds and declares all of the*
2 *following:*

3 *(a) The Alameda County Medical Center has evolved to include*
4 *additional facilities that have expanded services and the quality*
5 *of care to the residents of the County of Alameda.*

6 *(b) In order to better reflect the regional availability of services*
7 *to the residents of the County of Alameda, the Alameda County*
8 *Medical Center is doing business as the Alameda Health System*
9 *and it is appropriate that the name change be reflected statutorily*
10 *to ensure that there is no confusion in the administration of state*
11 *programs.*

12 *(c) The Alameda Health System is a major public health care*
13 *provider and medical training institution recognized for its world*
14 *class patient and family-centered system of care.*

15 *(d) The Alameda Health System provides comprehensive,*
16 *high-quality medical treatment, health promotion, disease*
17 *prevention, and health maintenance in an integrated system of*
18 *hospitals, clinics, and health services.*

19 *(e) As a training institution, the Alameda Health System*
20 *maintains an environment that is supportive of a wide range of*
21 *educational programs and activities, including the education of*
22 *medical students, interns, residents, and continuing education for*
23 *medical nursing, and other staff, along with medical research.*

24 *(f) The Alameda Health System is a regional provider of health*
25 *care services, and includes the following facilities:*

26 *(1) Highland Hospital, located in Oakland, is a major regional*
27 *trauma center and teaching hospital that delivers primary,*
28 *specialty, and multispecialty care. Within the Highland campus*
29 *are centers of excellence in maternity services, gastroenterology,*
30 *surgery, orthopedics, geriatrics and senior care, and trauma.*

31 *(2) John George Psychiatric Hospital, located in San Leandro,*
32 *provides psychiatric emergency and acute care services to adults*
33 *experiencing severe and disabling mental illnesses.*

(3) *San Leandro Hospital, located in San Leandro, is a 93-bed facility in central Alameda County acquired in late 2013 and provides a wide range of medical services, including 24-hour emergency services, critical care, a full complement of skilled surgeons, rehabilitation services, and ancillary services.*

(4) *Fairmont Hospital, located in San Leandro, is an acute rehabilitation center that is one of the foremost providers of acute rehabilitation services in northern California, treating severe injuries such as stroke, brain, and multiple-trauma injuries.*

(5) *Wellness Centers, in Oakland, Hayward, and Newark form a network of community-based wellness centers that expand access to primary care and Alameda Health System medical specialties. All primary services are offered at the Wellness Centers to provide continuity of care for patients. These services include pediatrics, immunizations, family planning, HIV/AIDS, breast health, dental, podiatry, tuberculosis, minor surgery, social work, and health education.*

SEC. 2. *The heading of Chapter 5 (commencing with Section 101850) of Part 4 of Division 101 of the Health and Safety Code is amended to read:*

CHAPTER 5. ~~ALAMEDA COUNTY MEDICAL CENTER~~ HEALTH
SYSTEM HOSPITAL AUTHORITY

SEC. 3. *Section 101850 of the Health and Safety Code is amended to read:*

101850. The Legislature finds and declares the following:

(a) (1) Due to the challenges facing the Alameda ~~County~~ ~~Medical Center Health System~~ arising from changes in the public and private health industries, the Alameda County Board of Supervisors has determined that a transfer of governance of the Alameda ~~County Medical Center Health System~~ to an independent governing body, a hospital authority, is needed to improve the efficiency, effectiveness, and economy of the community health services provided at the medical center. The board of supervisors has further determined that the creation of an independent hospital authority strictly and exclusively dedicated to the management, administration, and control of the medical center, in a manner consistent with the county's obligations under Section 17000 of the Welfare and Institutions Code, is the best way to fulfill its

1 commitment to the medically indigent, special needs, and general
2 populations of Alameda County. To accomplish this, it is necessary
3 that the board of supervisors be given authority to create a hospital
4 authority. Because there is no general law under which this
5 authority could be formed, the adoption of a special act and the
6 formation of a special authority is required.

7 (2) The following definitions shall apply for purposes of this
8 section:

9 (A) "The county" means the County of Alameda.

10 (B) "Governing board" means the governing body of the hospital
11 authority.

12 (C) "Hospital authority" means the separate public agency
13 established by the Board of Supervisors of Alameda County to
14 manage, administer, and control the ~~Alameda County Medical~~
15 ~~Center Health System~~.

16 (D) "Medical center" means the ~~Alameda County Medical~~
17 ~~Center Health System~~, *which was formerly known as the Alameda*
18 *County Medical Center*.

19 (b) The board of supervisors of the county may, by ordinance,
20 establish a hospital authority separate and apart from the county
21 for the purpose of effecting a transfer of the management,
22 administration, and control of the medical center in accordance
23 with Section 14000.2 of the Welfare and Institutions Code. A
24 hospital authority established pursuant to this chapter shall be
25 strictly and exclusively dedicated to the management,
26 administration, and control of the medical center within parameters
27 set forth in this chapter, and in the ordinance, bylaws, and contracts
28 adopted by the board of supervisors ~~which~~ *that* shall not be in
29 conflict with this chapter, Section 1442.5 of this code, or Section
30 17000 of the Welfare and Institutions Code.

31 (c) A hospital authority established pursuant to this chapter shall
32 be governed by a board that is appointed, both initially and
33 continually, by the Board of Supervisors of the County of Alameda.
34 This hospital authority governing board shall reflect both the
35 expertise necessary to maximize the quality and scope of care at
36 the medical center in a fiscally responsible manner and the diverse
37 interest that the medical center serves. The enabling ordinance
38 shall specify the membership of the hospital authority governing
39 board, the qualifications for individual members, the manner of
40 appointment, selection, or removal of governing board members,

1 their terms of office, and all other matters that the board of
2 supervisors deems necessary or convenient for the conduct of the
3 hospital authority's activities.

4 (d) The mission of the hospital authority shall be the
5 management, administration, and other control, as determined by
6 the board of supervisors, of the group of public hospitals, clinics,
7 and programs that comprise the medical center, in a manner that
8 ensures appropriate, quality, and cost-effective medical care as
9 required of counties by Section 17000 of the Welfare and
10 Institutions Code, and, to the extent feasible, other populations,
11 including special populations in ~~Alameda County~~ *the County of*
12 *Alameda*.

13 (e) The board of supervisors shall adopt bylaws for the medical
14 center that set forth those matters related to the operation of the
15 medical center by the hospital authority that the board of
16 supervisors deems necessary and appropriate. The bylaws shall
17 become operative upon approval by a majority vote of the board
18 of supervisors. Any changes or amendments to the bylaws shall
19 be by majority vote of the board of supervisors.

20 (f) The hospital authority created and appointed pursuant to this
21 section is a duly constituted governing body within the meaning
22 of Section 1250 and Section 70035 of Title 22 of the California
23 Code of Regulations as currently written or subsequently amended.

24 (g) Unless otherwise provided by the board of supervisors by
25 way of resolution, the hospital authority is empowered, or the
26 board of supervisors is empowered on behalf of the hospital
27 authority, to apply as a public agency for one or more licenses for
28 the provision of health care pursuant to statutes and regulations
29 governing licensing as currently written or subsequently amended.

30 (h) In the event of a change of license ownership, the governing
31 body of the hospital authority shall comply with the obligations
32 of governing bodies of general acute care hospitals generally as
33 set forth in Section 70701 of Title 22 of the California Code of
34 Regulations, as currently written or subsequently amended, as well
35 as the terms and conditions of the license. The hospital authority
36 shall be the responsible party with respect to compliance with these
37 obligations, terms, and conditions.

38 (i) (1) Any transfer by the county to the hospital authority of
39 the administration, management, and control of the medical center,
40 whether or not the transfer includes the surrendering by the county

1 of the existing general acute care hospital license and corresponding
2 application for a change of ownership of the license, shall not
3 affect the eligibility of the county, or in the case of a change of
4 license ownership, the hospital authority, to do any of the
5 following:

6 (A) Participate in, and receive allocations pursuant to, the
7 California Healthcare for the ~~Indigent~~ *Indigents* Program (CHIP).

8 (B) Receive supplemental reimbursements from the Emergency
9 Services and Supplemental Payments Fund created pursuant to
10 Section 14085.6 of the Welfare and Institutions Code.

11 (C) Receive appropriations from the Medi-Cal Inpatient Payment
12 Adjustment Fund without relieving the county of its obligation to
13 make intergovernmental transfer payments related to the Medi-Cal
14 Inpatient Payment Adjustment Fund pursuant to Section 14163 of
15 the Welfare and Institutions Code.

16 (D) Receive Medi-Cal capital supplements pursuant to Section
17 14085.5 of the Welfare and Institutions Code.

18 (E) Receive any other funds that would otherwise be available
19 to a county hospital.

20 (2) Any transfer described in paragraph (1) shall not otherwise
21 disqualify the county, or in the case of a change in license
22 ownership, the hospital authority, from participating in any of the
23 following:

24 (A) Other funding sources either specific to county hospitals or
25 county ambulatory care clinics or for which there are special
26 provisions specific to county hospitals or to county ambulatory
27 care clinics.

28 (B) Funding programs in which the county, on behalf of the
29 medical center and the Alameda County Health Care Services
30 Agency, had participated prior to the creation of the hospital
31 authority, or would otherwise be qualified to participate in had the
32 hospital authority not been created, and administration,
33 management, and control not been transferred by the county to the
34 hospital authority, pursuant to this chapter.

35 (j) A hospital authority created pursuant to this chapter shall be
36 a legal entity separate and apart from the county and shall file the
37 statement required by Section 53051 of the Government Code.
38 The hospital authority shall be a government entity separate and
39 apart from the county, and shall not be considered to be an agency,
40 division, or department of the county. The hospital authority shall

1 not be governed by, nor be subject to, the charter of the county
2 and shall not be subject to policies or operational rules of the
3 county, including, but not limited to, those relating to personnel
4 and procurement.

5 (k) (1) Any contract executed by and between the county and
6 the hospital authority shall provide that liabilities or obligations
7 of the hospital authority with respect to its activities pursuant to
8 the contract shall be the liabilities or obligations of the hospital
9 authority, and shall not become the liabilities or obligations of the
10 county.

11 (2) Any liabilities or obligations of the hospital authority with
12 respect to the liquidation or disposition of the hospital authority's
13 assets upon termination of the hospital authority shall not become
14 the liabilities or obligations of the county.

15 (3) Any obligation of the hospital authority, statutory,
16 contractual, or otherwise, shall be the obligation solely of the
17 hospital authority and shall not be the obligation of the county or
18 the state.

19 (l) (1) Notwithstanding any other provision of this section, any
20 transfer of the administration, management, or assets of the medical
21 center, whether or not accompanied by a change in licensing, shall
22 not relieve the county of the ultimate responsibility for indigent
23 care pursuant to Section 17000 of the Welfare and Institutions
24 Code or any obligation pursuant to Section 1442.5 of this code.

25 (2) Any contract executed by and between the county and the
26 hospital authority shall provide for the indemnification of the
27 county by the hospital authority for liabilities as specifically set
28 forth in the contract, except that the contract shall include a
29 provision that the county shall remain liable for its own negligent
30 acts.

31 (3) Indemnification by the hospital authority shall not be
32 construed as divesting the county from its ultimate responsibility
33 for compliance with Section 17000 of the Welfare and Institutions
34 Code.

35 (m) Notwithstanding the provisions of this section relating to
36 the obligations and liabilities of the hospital authority, a transfer
37 of control or ownership of the medical center shall confer onto the
38 hospital authority all the rights and duties set forth in state law
39 with respect to hospitals owned or operated by a county.

1 (n) (1) A transfer of the maintenance, operation, and
2 management or ownership of the medical center to the hospital
3 authority shall comply with the provisions of Section 14000.2 of
4 the Welfare and Institutions Code.

5 (2) A transfer of maintenance, operation, and management or
6 ownership to the hospital authority may be made with or without
7 the payment of a purchase price by the hospital authority and
8 otherwise upon the terms and conditions that the parties may
9 mutually agree, which terms and conditions shall include those
10 found necessary by the board of supervisors to ensure that the
11 transfer will constitute an ongoing material benefit to the county
12 and its residents.

13 (3) A transfer of the maintenance, operation, and management
14 to the hospital authority shall not be construed as empowering the
15 hospital authority to transfer any ownership interest of the county
16 in the medical center except as otherwise approved by the board
17 of supervisors.

18 (o) The board of supervisors shall retain control over the use of
19 the medical center physical plant and facilities except as otherwise
20 specifically provided for in lawful agreements entered into by the
21 board of supervisors. Any lease agreement or other agreement
22 between the county and the hospital authority shall provide that
23 county premises shall not be sublet without the approval of the
24 board of supervisors.

25 (p) The statutory authority of a board of supervisors to prescribe
26 rules that authorize a county hospital to integrate its services with
27 those of other hospitals into a system of community service that
28 offers free choice of hospitals to those requiring hospital care, as
29 set forth in Section 14000.2 of the Welfare and Institutions Code,
30 shall apply to the hospital authority upon a transfer of maintenance,
31 operation, and management or ownership of the medical center by
32 the county to the hospital authority.

33 (q) The hospital authority shall have the power to acquire and
34 possess real or personal property and may dispose of real or
35 personal property other than that owned by the county, as may be
36 necessary for the performance of its functions. The hospital
37 authority shall have the power to sue or be sued, to employ
38 personnel, and to contract for services required to meet its
39 obligations. Before January 1, 2024, the hospital authority shall
40 not enter into a contract with any private person or entity to replace

1 services being provided by physicians and surgeons who are
2 employed by the hospital authority and in a recognized collective
3 bargaining unit as of March 31, 2013, with services provided by
4 a private person or entity without clear and convincing evidence
5 that the needed medical care can only be delivered cost-effectively
6 by a private contractor. Prior to entering into a contract for any of
7 those services, the authority shall negotiate with the representative
8 of the recognized collective bargaining unit of its physician and
9 surgeon employees over the decision to privatize and, if unable to
10 resolve any dispute through negotiations, shall submit the matter
11 to final binding arbitration.

12 (r) Any agreement between the county and the hospital authority
13 shall provide that all existing services provided by the medical
14 center shall continue to be provided to the county through the
15 medical center subject to the policy of the county and consistent
16 with the county's obligations under Section 17000 of the Welfare
17 and Institutions Code.

18 (s) A hospital authority to which the maintenance, operation,
19 and management or ownership of the medical center is transferred
20 shall be a "district" within the meaning set forth in the County
21 Employees Retirement Law of 1937 (Chapter 3 (commencing with
22 Section 31450) of Part 3 of Division 4 of Title 3 of the Government
23 Code). Employees of a hospital authority are eligible to participate
24 in the County Employees Retirement System to the extent
25 permitted by law, except as described in Section 101851.

26 (t) Members of the governing board of the hospital authority
27 shall not be vicariously liable for injuries caused by the act or
28 omission of the hospital authority to the extent that protection
29 applies to members of governing boards of local public entities
30 generally under Section 820.9 of the Government Code.

31 (u) The hospital authority shall be a public agency subject to
32 the ~~Myers-Milias-Brown~~ *Meyers-Milias-Brown* Act (Chapter 10
33 (commencing with Section 3500) of Division 4 of Title 1 of the
34 Government Code).

35 (v) Any transfer of functions from county employee
36 classifications to a hospital authority established pursuant to this
37 section shall result in the recognition by the hospital authority of
38 the employee organization that represented the classifications
39 performing those functions at the time of the transfer.

1 (w) (1) In exercising its powers to employ personnel, as set
2 forth in subdivision (p), the hospital authority shall implement,
3 and the board of supervisors shall adopt, a personnel transition
4 plan. The personnel transition plan shall require all of the
5 following:

6 (A) Ongoing communications to employees and recognized
7 employee organizations regarding the impact of the transition on
8 existing medical center employees and employee classifications.

9 (B) Meeting and conferring on all of the following issues:

10 (i) The timeframe for which the transfer of personnel shall occur.
11 The timeframe shall be subject to modification by the board of
12 supervisors as appropriate, but in no event shall it exceed one year
13 from the effective date of transfer of governance from the board
14 of supervisors to the hospital authority.

15 (ii) A specified period of time during which employees of the
16 county impacted by the transfer of governance may elect to be
17 appointed to vacant positions with the Alameda County Health
18 Care Services Agency for which they have tenure.

19 (iii) A specified period of time during which employees of the
20 county impacted by the transfer of governance may elect to be
21 considered for reinstatement into positions with the county for
22 which they are qualified and eligible.

23 (iv) Compensation for vacation leave and compensatory leave
24 accrued while employed with the county in a manner that grants
25 affected employees the option of either transferring balances or
26 receiving compensation to the degree permitted employees laid
27 off from service with the county.

28 (v) A transfer of sick leave accrued while employed with the
29 county to hospital authority employment.

30 (vi) The recognition by the hospital authority of service with
31 the county in determining the rate at which vacation accrues.

32 (vii) The possible preservation of seniority, pensions, health
33 benefits, and other applicable accrued benefits of employees of
34 the county impacted by the transfer of governance.

35 (2) Nothing in this subdivision shall be construed as prohibiting
36 the hospital authority from determining the number of employees,
37 the number of full-time equivalent positions, the job descriptions,
38 and the nature and extent of classified employment positions.

39 (3) Employees of the hospital authority are public employees
40 for purposes of Division 3.6 (commencing with Section 810) of

1 Title 1 of the Government Code relating to claims and actions
2 against public entities and public employees.

3 (x) Any hospital authority created pursuant to this section shall
4 be bound by the terms of the memorandum of understanding
5 executed by and between the county and health care and
6 management employee organizations that is in effect as of the date
7 this legislation becomes operative in the county. Upon the
8 expiration of the memorandum of understanding, the hospital
9 authority shall have sole authority to negotiate subsequent
10 memorandums of understanding with appropriate employee
11 organizations. Subsequent memorandums of understanding shall
12 be approved by the hospital authority.

13 (y) The hospital authority created pursuant to this section may
14 borrow from the county and the county may lend the hospital
15 authority funds or issue revenue anticipation notes to obtain those
16 funds necessary to operate the medical center and otherwise provide
17 medical services.

18 (z) The hospital authority shall be subject to state and federal
19 taxation laws that are applicable to counties generally.

20 (aa) The hospital authority, the county, or both, may engage in
21 marketing, advertising, and promotion of the medical and health
22 care services made available to the community at the medical
23 center.

24 ~~(bb)~~

25 (ab) The hospital authority shall not be a “person” subject to
26 suit under the Cartwright Act (Chapter 2 (commencing with Section
27 16700) of Part 2 of Division 7 of the Business and Professions
28 Code).

29 ~~(ee)~~

30 (ac) Notwithstanding Article 4.7 (commencing with Section
31 1125) of Chapter 1 of Division 4 of Title 1 of the Government
32 Code related to incompatible activities, ~~no~~ a member of the hospital
33 authority administrative staff shall *not* be considered to be engaged
34 in activities inconsistent and incompatible with his or her duties
35 as a result of employment or affiliation with the county.

36 ~~(dd)~~

37 (ad) (1) The hospital authority may use a computerized
38 management information system in connection with the
39 administration of the medical center.

(2) Information maintained in the management information system or in other filing and records maintenance systems that is confidential and protected by law shall not be disclosed except as provided by law.

(3) The records of the hospital authority, whether paper records, records maintained in the management information system, or records in any other form, that relate to trade secrets or to payment rates or the determination thereof, or which relate to contract negotiations with providers of health care, shall not be subject to disclosure pursuant to the California Public Records Act (Chapter 5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code). The transmission of the records, or the information contained therein in an alternative form, to the board of supervisors shall not constitute a waiver of exemption from disclosure, and the records and information once transmitted shall be subject to this same exemption. The information, if compelled pursuant to an order of a court of competent jurisdiction or administrative body in a manner permitted by law, shall be limited to in-camera review, which, at the discretion of the court, may include the parties to the proceeding, and shall not be made a part of the court file unless sealed.

~~(ee)~~

~~(ae)~~ (1) Notwithstanding any other law, the governing board may order that a meeting held solely for the purpose of discussion or taking action on hospital authority trade secrets, as defined in subdivision (d) of Section 3426.1 of the Civil Code, shall be held in closed session. The requirements of making a public report of actions taken in closed session and the vote or abstention of every member present may be limited to a brief general description devoid of the information constituting the trade secret.

(2) The governing board may delete the portion or portions containing trade secrets from any documents that were finally approved in the closed session that are provided to persons who have made the timely or standing request.

(3) Nothing in this section shall be construed as preventing the governing board from meeting in closed session as otherwise provided by law.

~~(ff)~~

~~(af)~~ Open sessions of the hospital authority shall constitute official proceedings authorized by law within the meaning of

1 Section 47 of the Civil Code. The privileges set forth in that section
2 with respect to official proceedings shall apply to open sessions
3 of the hospital authority.

4 ~~(gg)~~

5 (ag) The hospital authority shall be a public agency for purposes
6 of eligibility with respect to grants and other funding and loan
7 guarantee programs. Contributions to the hospital authority shall
8 be tax deductible to the extent permitted by state and federal law.
9 Nonproprietary income of the hospital authority shall be exempt
10 from state income taxation.

11 ~~(hh)~~

12 (ah) Contracts by and between the hospital authority and the
13 state and contracts by and between the hospital authority and
14 providers of health care, goods, or services may be let on a nonbid
15 basis and shall be exempt from Chapter 2 (commencing with
16 Section 10290) of Part 2 of Division 2 of the Public Contract Code.

17 ~~(ii)~~

18 (ai) (1) Provisions of the Evidence Code, the Government Code,
19 including the Public Records Act (Chapter 5 (commencing with
20 Section 6250) of Division 7 of Title 1 of the Government Code),
21 the Civil Code, the Business and Professions Code, and other
22 applicable law pertaining to the confidentiality of peer review
23 activities of peer review bodies shall apply to the peer review
24 activities of the hospital authority. Peer review proceedings shall
25 constitute an official proceeding authorized by law within the
26 meaning of Section 47 of the Civil Code and those privileges set
27 forth in that section with respect to official proceedings shall apply
28 to peer review proceedings of the hospital authority. If the hospital
29 authority is required by law or contractual obligation to submit to
30 the state or federal government peer review information or
31 information relevant to the credentialing of a participating provider,
32 that submission shall not constitute a waiver of confidentiality.
33 The laws pertaining to the confidentiality of peer review activities
34 shall be together construed as extending, to the extent permitted
35 by law, the maximum degree of protection of confidentiality.

36 (2) Notwithstanding any other law, Section 1461 shall apply to
37 hearings on the reports of hospital medical audit or quality
38 assurance committees.

39 ~~(jj)~~

1 ~~(aj)~~ The hospital authority shall carry general liability insurance
2 to the extent sufficient to cover its activities.

3 ~~(kk)~~

4 ~~(ak)~~ In the event the board of supervisors determines that the
5 hospital authority should no longer function for the purposes as
6 set forth in this chapter, the board of supervisors may, by ordinance,
7 terminate the activities of the hospital authority and expire the
8 hospital authority as an entity.

9 ~~(H)~~

10 ~~(al)~~ A hospital authority which is created pursuant to this section
11 but which does not obtain the administration, management, and
12 control of the medical center or which has those duties and
13 responsibilities revoked by the board of supervisors shall not be
14 empowered with the powers enumerated in this section.

15 ~~(mm)~~

16 ~~(am)~~ (1) The county shall establish baseline data reporting
17 requirements for the medical center consistent with the Medically
18 Indigent Health Care Reporting System (MICRS) program
19 established pursuant to Section 16910 of the Welfare and
20 Institutions Code and shall collect that data for at least one year
21 prior to the final transfer of the medical center to the hospital
22 authority established pursuant to this chapter. The baseline data
23 shall include, but not be limited to, all of the following:

24 (A) Inpatient days by facility by quarter.

25 (B) Outpatient visits by facility by quarter.

26 (C) Emergency room visits by facility by quarter.

27 (D) Number of unduplicated users receiving services within the
28 medical center.

29 (2) Upon transfer of the medical center, the county shall
30 establish baseline data reporting requirements for each of the
31 medical center inpatient facilities consistent with data reporting
32 requirements of the Office of Statewide Health Planning and
33 Development, including, but not limited to, monthly average daily
34 census by facility for all of the following:

35 (A) Acute care, excluding newborns.

36 (B) Newborns.

37 (C) Skilled nursing facility, in a distinct part.

38 (3) From the date of transfer of the medical center to the hospital
39 authority, the hospital authority shall provide the county with
40 quarterly reports specified in paragraphs (1) and (2) and any other

1 data required by the county. The county, in consultation with health
2 care consumer groups, shall develop other data requirements that
3 shall include, at a minimum, reasonable measurements of the
4 changes in medical care for the indigent population of Alameda
5 County that result from the transfer of the administration,
6 management, and control of the medical center from the county
7 to the hospital authority.

8 ~~(nn)~~

9 *(an)* A hospital authority established pursuant to this section
10 shall comply with the requirements of Sections 53260 and 53261
11 of the Government Code.

12 ~~SECTION 1. Section 1501 of the Health and Safety Code is~~
13 ~~amended to read:~~

14 ~~1501. (a) The Legislature hereby finds and declares that there~~
15 ~~is an urgent need to establish a coordinated and comprehensive~~
16 ~~statewide service system of quality community care for mentally~~
17 ~~ill, developmentally and physically disabled, and children and~~
18 ~~adults who require care or services by a facility or organization~~
19 ~~issued a license or special permit pursuant to this chapter.~~

20 ~~(b) Therefore, the Legislature declares it is the intent of the~~
21 ~~state to develop policies and programs designed to: (1) ensure a~~
22 ~~level of care and services in the community that is equal to or better~~
23 ~~than that provided by the state hospitals; (2) assure that all people~~
24 ~~who require them are provided with the appropriate range of social~~
25 ~~rehabilitative, habilitative and treatment services, including~~
26 ~~residential and nonresidential programs tailored to their needs; (3)~~
27 ~~protect the legal and human rights of a person in or receiving~~
28 ~~services from a community care facility; (4) ensure continuity of~~
29 ~~care between the medical-health elements and the supportive~~
30 ~~care-rehabilitation elements of California's health systems; (5)~~
31 ~~ensure that facilities providing community care are adequate, safe~~
32 ~~and sanitary; (6) assure that rehabilitative and treatment services~~
33 ~~are provided at a reasonable cost; (7) assure that state payments~~
34 ~~for community care services are based on a flexible rate schedule~~
35 ~~varying according to type and cost of care and services provided;~~
36 ~~(8) encourage the utilization of personnel from state hospitals and~~
37 ~~the development of training programs to improve the quality of~~
38 ~~staff in community care facilities; and (9) ensure the quality of~~
39 ~~community care facilities by evaluating the care and services~~
40 ~~provided and furnishing incentives to upgrade their quality.~~

O